

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99530 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Melville Asher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 12 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 575 W Fayette

Cause of Death, { First (Primary), Second (Immediate), } Peritonitis

Duration of Last Sickness, 6 weeks

Place of Burial, Ober Shalom Cemetery

Date of Burial, April 29, 1887

{ Undertaker, Dennis Mitchell } { J. E. Clayton M. D. Medical Attendant. }

{ Place of Business, 330 W. Fayette St } { Address, 361 S. Eutaw St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

No. 77

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99531 Office of Registrar of Vital Statistics.

Ward 6^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kilian Auth

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 402 Rockwell St

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), Marasmus }

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 30th 1887

{ Undertaker, W. L. Dyer } M. D.

{ Place of Business, 157 S. 3rd St } Address, Dyer & Brothers

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[OVER.]

No. 97

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Permit No. 99532 Office of Registrar of Vital Statistics. Ward 5th

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CERTIFICATE OF DEATH.

Date of Death, April 28, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Tuttle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 70 Years, Months, 10 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil County, Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 1607 Millman St.

Cause of Death, {First (Primary), Second (Immediate),} Anti-Brucella, Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Vincent

Date of Burial, April 30/87

Undertaker, Wm. S. Fay M. D.

Place of Business, 301 N. Broadway Address, 800 N. Broadway

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99533 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, April 27 - 87
Full Name of Deceased, Mary M. Laughlin
Sex, Female
Age, 84 Years, _____ Months, _____ Days.
Color, White

Married, Single, Widow or Widower, _____
Occupation, _____

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, _____

Place of Death, 405 S. Madama Alley

Cause of Death, Apoplexy
Heart trouble

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Apr 30 87

Undertaker, G. Thoma E. Hall Rutledge M. D.

Place of Business, 320 N. Wolfe St. Address 403 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9953 Office of Registrar of Vital Statistics.

Ward 16th

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CERTIFICATE OF DEATH.

Date of Death, April 28th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm and Sarah Samblson

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Years, Months, 3 hours Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 546 Welcome Alley

Cause of Death, { First (Primary), Second (Immediate), } Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, April 29th / 87 James A. Stearns M. D.

{ Undertaker, Scotell & Handy Medical Attendant

{ Place of Business, 416 Cross St Address, Geo. F. Ford

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward S. G.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99535 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Woodford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, Eleven Months, — Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } Old No 6 Mason alley

Cause of Death, { First (Primary), Measles }
{ Second (Immediate), — }

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, at Laurel Cemetery

Date of Burial, April 28th

{ Undertaker, W. W. Madden } S. Baldwin M. D.
{ Place of Business, 46 East St } Address, 639 Dolphin St.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99537

Office of Registrar of Vital Statistics.

Ward

9th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Von Schlepgrell

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Sea Captain, & Cork Shop

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give Street and Number. } 14 Market Opaw

Cause of Death, { First (Primary), Second (Immediate), } Inflammatory Typhoid
Paralysis

Duration of Last Sickness, Since April 11th Last

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1st 1887

Undertaker, Fred Gaede

Mrs J. Shertzer M. D.
Medical Attendant.

Place of Business, 108 S. Caroline St. Address, 1102 E. Baltimore St.

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Permit No. 99538 Office of Registrar of Vital Statistics.

Ward 14th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Giffin

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 69 Years, — Months, — Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1135 Hollis St.

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Breast & Extension of same to throat.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 2 / 87

{ Undertaker, J. B. Cook } H. K. Weber M. D.

{ Place of Business, 1003 W. Baltimore } 814 St. Lombard St. Medical Attendant.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis

back of this

Health Department, City of Baltimore.

Permit No.

99539

Office of Registrar of Vital Statistics.

Ward

15

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CERTIFICATE OF DEATH.

Date of Death,

April 28 / 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carrie Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

Black -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

306 Montgomery St.

Cause of Death, { First (Primary),

Bronchial Catarrh.

Second (Immediate),

Convulsions -

Duration of Last Sickness,

2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30 1887

Undertaker, Hercules Ross

Place of Business, 404 E. Carey St.

Address, Southern Dispensary

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